



Date\_\_\_\_\_

## **RESPIRATORY PROTECTION AND ODH APPROVAL FORM**

Name\_\_\_\_\_

I.D.\_\_\_\_\_

\_\_\_ Lab Employee

Division/Section\_\_\_\_\_

\_\_\_ Contractor/Consultant

Employer\_\_\_\_\_

\_\_\_ User/Other

Institution\_\_\_\_\_

### **RESPIRATORY PROTECTION**

New Request for Respirator Medical Surveillance (*Circle One*)

YES

NO

Medical Surveillance Request for Respiratory Protection Usage Form Date: \_\_\_\_\_

Individual is MEDICALLY FIT to wear the following:

\_\_\_ Self-Contained Breathing Apparatus (SCBA)

\_\_\_ Air-line Respirator (ALR)

\_\_\_ Powered Air-Purifying Respirator (PAPR)

\_\_\_ Negative Pressure Air-Purifying Respirator (APR)

\_\_\_ **Individual is PROHIBITED from wearing a respirator.**

\_\_\_\_\_  
Fermilab Medical Professional

\_\_\_\_\_  
Review Date

### **OXYGEN DEFICIENCY HAZARDS (ODH) OPERATIONS**

Individual is classified as follows:

\_\_\_ ODH QUALIFIED (MEDICALLY FIT to participate in all ODH Class 1 or greater operations).

\_\_\_ ODH RESTRICTED (MEDICALLY FIT to participate in ODH Class 1 and ODH Class 2 operations when escorted by an ODH QUALIFIED person).

\_\_\_ ODH EXCLUDED (PROHIBITED from participation in any ODH Class 1 or greater operation).

**COMMENTS/LIMITATIONS** (*Circle One*)

None

As Indicated Below

\_\_\_\_\_  
Fermilab Medical Professional

\_\_\_\_\_  
Review Date

DISTRIBUTION: Original to Medical File ES&H Section    Copies to Supervisor Employee    Division/Section Safety Officer (if not qualified)